



**Sesteman Laibirihan Pupblekon Guåhan**  
**GUAM PUBLIC LIBRARY SYSTEM**  
Government of Guam



Lourdes A. Leon Guerrero  
**Maga'håga**

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**Acting Director**

## Request for Library Tour

Date: \_\_\_\_\_

Name of School or Organization: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of visit: \_\_\_\_\_

Date(s) of visits: \_\_\_\_\_

Time: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

### Please provide the following information to assist with GPLS statistics:

Expected Number of Participants:

Adult: \_\_\_\_\_ Children: \_\_\_\_\_

### If School Requesting:

Grade level/Count of students \_\_\_\_\_

Grade level/Count of students \_\_\_\_\_

Grade level/Count of students \_\_\_\_\_

### Waiver of Liability

The Guam Public Library System, its staff and volunteers shall be held harmless from any and all damages or liabilities that may be sustained during the Library Tour requested herein.

\_\_\_\_\_  
Print Name & Signature